

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

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| | | | | | |
|-------------------------------|---------------------|---------------------------------------|---|--------------------|-------------------|
| CLAIMANT'S NAME Elona Baum | | SSN or EMPLOYEE NUMBER* [REDACTED] | | DEPARTMENT CIRM | |
| POSITION General Counsel | | CB/ID No. | DIVISION or BUREAU CIRM | | INDEX NUMBER |
| RESIDENCE ADDRESS * | | | HEADQUARTERS ADDRESS 210 King Street | | TELEPHONE NUMBER |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | CITY San Francisco | STATE CA | ZIP CODE 94107 |

| (1) MONTH/YEAR | (2) DATE | (2) TIME | (3) LOCATION WHERE EXPENSES WERE INCURRED | (4) LODGING | (5) MEALS | | | (6) INCIDENTALS | (7) TRANSPORTATION | | | | (8) BUSINESS EXPENSE | (9) TOTAL EXPENSES FOR DAY |
|-----------------------|----------|---------------|---|-------------|------------|-------|----------------------------------|-----------------|----------------------------|---------------|-----------------------------|---------------------|----------------------|----------------------------|
| | | | | | BREAK-FAST | LUNCH | O.T., L.T., N/C, RELO. OR DINNER | | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE | | |
| | | | | | | | | | | | MILES | AMOUNT | | |
| Jan Mar 11 | 1/24 | 8:00 17:00 | Washington, DC | | | | | | 64.50 124.50 | | | | | 64.50 124.50 |
| | 3/20 | 21:00 | Washington, DC | 238.43 | | | 17.38 | | | | | | | 255.81 |
| | 3/21 | 8:00 17:00 | Washington, DC | 238.43 | | | | | | | | | | 238.43 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
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| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| (10) SUBTOTALS | | | | 476.86 | 0.00 | 0.00 | 17.38 | 0.00 | 124.50 | 0.00 | 0 | 0.00 | 0.00 | 618.74 |

| | | | | | | | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------------------|
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | | | 558.74 618.74 |

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Reimbursement for Elona Baum for:
 1) Ground transportation in DC while attending and speaking on behalf of CIRM at Phacilitate Meeting
 2) Lodging and Meal in Washington, DC during the NIH translational meeting at NIH March 20 - 22, 2011.

201000P32 - 64.50
 201000P33 - 494.24

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|---|
| (12) NORMAL WORK HOURS [REDACTED] |
| (13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] |
| (14) MILEAGE RATE CLAIMED 0.51 |
| AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER |

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

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|---|------------------|--|-----------------|
| CLAIMANT'S SIGNATURE [REDACTED] | DATE 03/30/11 | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED] | DATE 3/30/11 |
| (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) | | | DATE |